FEDERAL EMERGENCY MANAGEMENT AGENCY NATIONAL FLOOD INSURANCE PROGRAM

O.M.B. No. 3067-0077 Expires July 31, 2002

ELEVATION CERTIFICATE Important: Read the instructions on pages 1 - 5.

SECTION A - PROPERTY OWNER INFORMATION For Insurance Company Use: Policy Number BUILDING OWNER'S NAME Company NAIC Number BUILDING STREET ADDRESS (Including Apt., Unit, Suite, and/or Bldg, No.) OR P.O. ROUTE AND BOX NO. ZIP CODE STATE CITY 86001 47 SCRIPTION (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) BUILDING USE (e.g., Residential, Non-residential, Addition, Accessory, etc. Use comments section if necessary.) LATITUDE/LONGITUDE (OPTIONAL) HORIZONTAL DATUM: SOURCE: J GPS (Type: ##" - ##' - ##, ##" or ##, ####") I NAD 1927 I NAD 1983 USGS Quad Map SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION B3. STATE B1 NEIP COMMUNITY NAME & COMMUNITY NUMBER **B2. COUNTY NAME** 040020 B4 MAP AND PANEL B6. FIRM INDEX B7. FIRM PANEL B8. FLOOD B9. BASE FLOOD ELEVATION(S) ZONE(S) EFFECTIVE/REVISED DATE (Zone AO, use depth of flooding) NUMBER DATE 8-2-96 1-19-83 B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in B9 Community Determined | Other (Describe: FIS Profile | | FIRM B11. Indicate the elevation datum used for the BFE in B9: Lx NGVD 1929 L NAVD 1988 L Other (Describe: B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? [__] Yes Designation Date: SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) L XIFinished Construction. | |Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. C2. Building Diagram Number 🤰 (Select the building diagram most similar to the building for which this certificate is being completed - see pages 4 and 5. If no diagram accurately represents the building, provide a sketch or photograph.) C3. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO Complete Items C3a-i below according to the building diagram specified in Item C2. State the datum used. If the datum is different from the datum used for the BFE in Section B, convert the datum to that used for the BFE. Show field measurements and datum conversion calculation. Use the space provided or the Comments area of Section D or Section G, as appropriate, to document the datum conversion Datum <u>NGVD 29</u> Conversion/Comments Elevation reference mark used <u>CoF 23/840/</u> Does the elevation reference mark used appear on the FIRM? ☐ a) Top of bottom floor (including basement or enclosure) 6894 *8*√√ ft.(m) 904 40 ft.(m) ☐ b) Top of next higher floor ☐ c) Bottom of lowest horizontal structural member (V zones only) ft.(m) ☐ d) Attached garage (top of slab) 40 ft.(m) ☐ e) Lowest elevation of machinery and/or equipment 00 ft.(m) servicing the building ☐ f) Lowest adjacent grade (LAG) 00 ft.(m) q) Highest adjacent grade (HAG) ightharpoonup high highest period in the property in the property of the property in the prope SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information in Sections A, B, and C on this certificate represents my best efforts to interpret the data available Lunderstand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001 LICENSE NUMBER 29884 COMPANY NAME ZIP CODE **ADDRESS** 928-773-9204

		nformation from Section		For Insurance Company Use:
DING STREET ADDRESS (Including Apt., Unit, Suite, and/or B	ildg. No.) OR P.O. ROUTE AN	ND BOX NO.	Policy Number
Flagstoff	635 Zuri	STATE	ZIP CODE 86001	Company NAIC Number
SEC.	TION D - SURVEYOR, ENGINE	EER, OR ARCHITECT CE	RTIFICATION (CO	NTINUED)
opy both sides of this Eleva	tion Certificate for (1) communit	ty official, (2) insurance ag	ent/company, and (B) building owner.
OMMENTS				
				Check here if attachme
SECTION E - BUILDIN	NG ELEVATION INFORMATIO	N (SURVEY NOT REQUI	RED) FOR ZONES	AO and A (WITHOUT BFE)
see pages 4 and 5. If no control in the top of the bottom floor (check one) the highest ac	ood depth number is available,	he building, provide a sket ure) of the building is is the top of the bottom flo	tch or photograph.) <u>⊘[ʒ</u>] ft.(m) <u>ゟ</u> ゚ ʒ_ ii or elevated in accor	n.(cm) 🔲 above or 🔀 bel
	TION F - PROPERTY OWNER			
The property owner or owner community-issued BFE) or Zo	's authorized representative whone AO must sign here.	no completes Sections A, E	B, and E for Zone A	without a FEMA-issued or
PROPERTY OWNER'S OR OW	NER'S AUTHORIZED REPRESEN	TATIVE'S NAME		
DDRESS		CITY	STATE	ZIP CODE
SIGNATURE		DATE	TELEPI	HONE
COMMENTS				
			<u>,</u>	I Check here if attachm
-	SECTION G - COM	MMUNITY INFORMATION	(OPTIONAL)	Officer field if ditadriin
	ized by law or ordinance to adr	ninister the community's fla	s) and sign below.	
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